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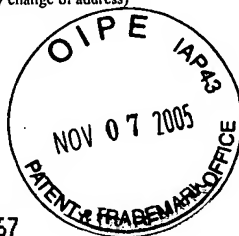
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7590

08/26/2005

Robert C. Kowert
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Robert C. Kowert

(Depositor's name)

Robert C. Kowert
 Nov. 3, 2005

(Signature)

(Date)

11/08/2005 WABDEL3 00000033 501505 10086167

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/086,167	02/28/2002	Subin George	5681-09700	2661

TITLE OF INVENTION: SYSTEM AND METHOD FOR INHIBITING READS TO NON-GUARANTEED DATA IN REMAPPED PORTIONS OF A STORAGE MEDIUM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CONTINO, PAUL F	2114	714-008000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert C. Kowert

2 Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C.

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
Sun Microsystems, Inc.(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Santa Clara, CAPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 501505/5681-09700 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Robert C. Kowert

Date

Nov. 3, 2005

Typed or printed name

Registration No.

39,255

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